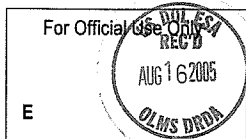


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

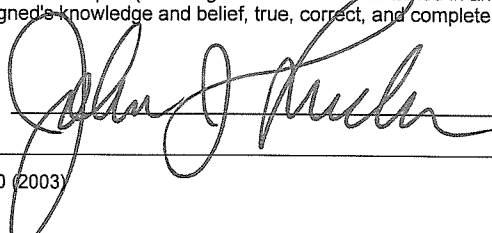
1. File Number U - 8490	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John Fuchs P.O. Box, Bldg., Room No., if any Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788-5150	4. Name, file number, and address of labor organization. Name Empire State Regional Council of Carpenters Labor Organization File Number 038-392 P.O. Box, Building and Room Number, if any Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788-5150
5. Position in labor organization. Executive Secretary/Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Industry Fund for Wall-Ceiling & Carpentry Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301 Street 125 Jericho Turnpike City Jericho State New York ZIP Code + 4 11753	7.a. Nature of Interest, Transaction, or Income. Meals and entertainment in the ordinary course of business relating to merger of benefit funds, project labor agreement, charitable causes, Funds educational conference and ways and means to advance the industry. 7.b. Amount. \$454

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On **8/11/2005** **631 952 0808**
Date Telephone Number

Name of Person Filing John Fuchs	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Schultheis & Panettieri, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 210 Marcus Boulevard City Hauppauge State New York ZIP Code + 4 11788-3701	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Schultheis & Panettieri, LLP provides accounting services to the Empire State Regional Council of Carpenters. 11.b. Approximate dollar value of such dealing. \$50,000 12.a. Nature of interest held or income received. Meal in the ordinary course of business to discuss litigation on July 1, 2004. 12.b. Amount. \$91

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NWQ Investment Management Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1020 Street 15 South 5th Street City Minneapolis State Minnesota ZIP Code + 4 55402	14.a. Nature of payment. Meals and entertainment relating to investment management services.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$245

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Benefit Funds educational conference from 4/20/04 through 4/23/04. Costs include conference registration fee, lodging and meals.

12.b. Amount.

\$1,264

Name of Person Filing John Fuchs

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended trustee meetings for the Benefit Funds. Dates of expenditures were 7/21/04, 9/20/04, 11/12/04 and 12/17/04. Costs include travel and lodging.

12.b. Amount.

\$1,479

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Benefit Fund educational conference from 10/1/04 through 10/6/04. Costs include travel and lodging.

12.b. Amount.

\$888

Name of Person Filing John Fuchs

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Apprenticeship Comm.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fund between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended trustee meeting for the Committee. Date of expenditure was 1/19/04. Cost includes meal.

12.b. Amount.

\$76

Name of Person Filing John Fuchs

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N.Y.S. Labor-Management Council

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 153

Street

City Oswego

State New York

ZIP Code + 4 13126

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Nonprofit organization to advance the cooperation between labor and management for the benefit of workers.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Travel expenses for meetings in the ordinary course of Council business.

12.b. Amount.

\$1,250